


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90134 010 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000001705					
1. Corporation Name FLORIDA SOCIETY OF PROFESSIONAL ACCOUNTANTS, INC					
Principal Place of Business 2265 LEE RD., STE. 103 WINTER PARK FL 32789			Mailing Address 2265 LEE RD., STE. 103 WINTER PARK FL 32789		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/25/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3368101	
22	City & State	27	City & State	Applied For <input type="checkbox"/> Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WHEELER, RICHARD S 1 N. ROSALIND AVE., STE. 201 ORLANDO FL 32801				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	DAMERON, WARREN C				
STREET ADDRESS	7311 LITTLE ROAD				
CITY-ST-ZIP	NEW PORT RICHEY FL				
TITLE	VPD	<input type="checkbox"/> DELETE			
NAME	BASCIANO, FRANK A				
STREET ADDRESS	10502 SPRING HILL DRIVE				
CITY-ST-ZIP	SPRING HILL FL				
TITLE	STD	<input type="checkbox"/> DELETE			
NAME	EDWIN CRAMMER				
STREET ADDRESS	4781 W. OAKLAND PK. BLVD. STE. #102				
CITY-ST-ZIP	LAUDERHILL FL 33319				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME	MARY JANE KAMPE				
1.3 STREET ADDRESS	499 STATE ROAD 434 N. SUITE 2155				
1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714				
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME	SYLVIA C. PRESLEY				
2.3 STREET ADDRESS	250 CR 427 S SUITE 100				
2.4 CITY-ST-ZIP	LONGWOOD, FL 32750				
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME	DONALD JOSEPH				
3.3 STREET ADDRESS	688 WEST MONTROSE STREET				
3.4 CITY-ST-ZIP	CLERMONT, FL 34711				
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/99 (407) 645-3173

CR2E037 (11/98)